

**UNITED STATES DISTRICT COURT**  
For the District of Delaware

United States Surety Company

v.

**SUMMONS IN A CIVIL CASE**

M. Miller Trucking et al.

CASE NUMBER : 05-675 GMS

TO: H.T. JACKSON TRANSPORT, INC.  
David C. Alford  
Registered Agent  
160 Hidden Hill Road  
Spartanburg, South Carolina 29301

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY:

Donald R. Kinsley, Esq.  
Marks, O'Neill, O'Brien & Courtney, P.C.  
913 N. Market Street, Suite 800  
Wilmington, DE 19801

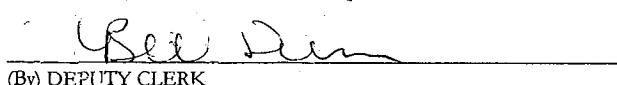
an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

DEC 16 2005

**PETER T. DALLEO**

CLERK

DATE

  
(By) DEPUTY CLERK

## RETURN OF SERVICE

Service of the Summons and complaint was made by me(1)	DATE	12/18/05
NAME OF SERVER (PRINT)	TITLE	
Donald R. Kneley	Attorney	

*Check one box below to indicate appropriate method of service*

Served personally upon the defendant. Place where served:

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

Returned unexecuted:

Other (specify): Certified mail return receipt requested

## STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
--------	----------	-------

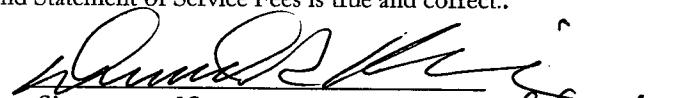
## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct..

Executed on

1/3/06

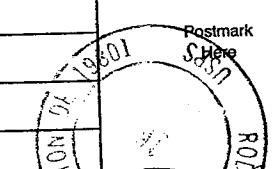
Date

  
 Signature of Server  
 Marks O'Neil O'Brien & Associates  
 913 W. Market St., Suite 600  
 Wilmington DE 19801  
 Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>DAVID C. ALFORD</b> C. Date of Delivery <b>12/19/05</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>David C. Alford Registered Agent 160 Hidden Hill Road Spartanburg, South Carolina 29301</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) <b>7002 2410 0004 2240 0482</b></p>			

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

<p><b>U.S. Postal Service™</b>  <b>CERTIFIED MAIL™ RECEIPT</b>  <i>(Domestic Mail Only; No Insurance Coverage Provided)</i></p> <p>For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a></p>		
<b>OFFICIAL USE</b>		
<b>2240 0482</b> <b>0004</b> <b>2410</b> <b>7002</b>	Postage	\$
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$
<p>Sent To <b>HIT Jackson Inc.</b>            Street, Apt. No.; <b>R/A David C. Alford</b>            City, State, ZIP+4</p>		
 See Reverse for Instructions		

PS Form 3800, June 2002